Rule 111-4-1-.02
Organizations

SYNOPSIS

The purpose of the rule change is to revise descriptions of employer contributions to better reflect the direct billing process, to clarify that the SHBP shall be administered in accordance with federal law, to eliminate references to specific plan design terms, to clarify certain obligations of Employing Entities, and to clarify that any penalties or expenses arising from an Employing Entity's failure to meet those obligations may be assessed against the Employing Entity.

EXPLANATION OF CHANGES

Rule 111-4-1-.02(1)(d) has been modified to revise the description of how Employer Contribution rates are expressed in order to comply with current law and expected direct billing implementation.

Rule 111-4-1-.02(1)(e) has been modified to eliminate references to specific plan design terms that may have several different meanings in the industry.

Rule 111-4-1-.02(1)(e)(3) has been modified to correct a typographical error.

Rule 111-4-1-.01(1)(j) has been modified to refer to federal law and eliminate language that may conflict with that law.

Rule 111-4-1-.02(2)(a) has been modified to clarify that the Commissioner shall administer the SHBP in accordance with all applicable law, not just Board regulation and policy.

Rule 111-4-1-.02(2)(e) has been modified to clarify that the Board sets several Employer Contribution Rates, not one "average" Employer Contribution Rate. In addition, it has been modified to provide additional flexibility for the calculation of contributions while still ensuring that the Commissioner is able to notify Employing Entities of Employer Contribution rates by the deadline set forth in O.C.G.A. Section 45-18-16.

Rule 111-4-1-.02(2)(h) has been modified to comply with the change to the deadline in O.C.G.A. Section 45-18-16 that was enacted in 2006.

Rule 111-4-1-.02(3)(a) has been modified to clarify that Employing Entities are responsible for determining whether their employees are eligible for coverage. It has also been modified to clarify that the SHBP may assess relevant penalties and claims expenses against an Employing Entity that fails to properly enroll or disenroll its employees. This modification is timely due to recent changes in reporting obligations and enforcement procedures related to the Medicare Secondary Payer Act. The accuracy of information provided by Employing Entities is essential to the proper coordination of benefits with Medicare.

Rule 111-4-1-.02(3)(d) has been modified for clarity.

Rule 111-4-1-.02(3)(f) has been modified to add Military Leave as a type of approved leave of absence, to clarify that Employing Entities are responsible for complying with all applicable laws relating to leaves of absence, and to clarify that an Enrolled Member's failure to pay premiums during a leave of absence results in termination of coverage unless federal law provides otherwise. This modification is timely due to changes in federal law under the National Defense Authorization Act of 2010.

Rule 111-4-1-.02(3)(g) has been modified to clarify that Employing Entities must notify the SHBP when a member loses eligibility for coverage by failing to pay a required Premium while on leave without pay

Rule 111-4-1-.02(3)(h) has been added. This new section clarifies that the SHBP provides enrollment information only to designated employees of the Employing Entities, and clarifies the Employing Entities' responsibility to protect this information. This clarification is timely due to new obligations arising under the expansion of privacy and security obligations under the American Recovery and Reinvestment Act of 2009.

111-4-1-.02 Organizations.

(1) **Functions, Duties and Responsibilities of the Board of Community Health.** The Board shall provide policy direction for the operation of the State Health Benefit Plan. Other responsibilities as defined by law are:

(a) **Establish and Design Plan.** The Board is authorized to establish a Health Insurance Plan for group medical insurance against the financial costs of hospitalizations and medical care. The Plan may also include, but is not required to include, prescription drugs, prosthetic appliances, hospital inpatient and outpatient Benefits, dental Benefits, vision care Benefits, and other types of medical Benefits. The Plan shall be designed to:

1. Provide reasonable hospital, surgical, and medical benefits with cost sharing of expenses for each such type to be incurred by the Enrolled Members, Dependents and the Plan;

2. Include reasonable controls, which may include deductible and reinsurance provisions applicable to some or all of the benefits, to reduce unnecessary utilization of the various hospital, surgical and medical services to be provided and to provide reasonable assurance of financial stability in future years of the Plan; and

(b) **Promulgate Regulations.** The Board is authorized to adopt and promulgate rules and regulations for the effective administration of the SHBP; to adopt and promulgate regulations for defining the contract(s) for Retiring Employees and their Spouses and Dependent children; to adopt and promulgate regulations for prescribing the conditions under which an Employee or Retiring Employee may elect to participate in or withdraw from the SHBP; to adopt and promulgate regulations defining the conditions for covering the eligible Member's Spouse and Dependent children and for discontinuance and resumption by eligible Members of Coverage for the Spouse, Surviving Spouse, and Dependents; to adopt and promulgate regulations to establish and define terms and conditions for former and terminated eligible Member participation; adopt and promulgate rules and regulations which define the conditions under which eligible Members who originally rejected Coverage may acquire Coverage at a later date; and adopt and promulgate rules and regulations for withdrawing from the SHBP upon eligibility for the aged program of the Social Security Administration. Additionally, the Plan shall be required to establish the same eligibility requirements, unless either State or federal law, or regulations promulgated by the State of Georgia's Insurance Commissioner requires a modification.

(c) **Establish Member Premium Rates.** The Board shall establish Member Premium Rates for each Coverage Option. The Board shall consider the actuarial estimate of the SHBP costs and the funds appropriated to the various departments, boards, agencies, and school systems in establishing the Employee Deduction amount. Other Member Premium amounts shall be established in accordance with these regulations. All Enrolled Member Premium Rates shall be established by resolution and shall remain in effect until changed by resolution.

1. **Tobacco Surcharge.** An Enrolled Member may be charged a tobacco surcharge in an amount approved by the Board if either the Enrolled Member or any of his or her Covered Dependents have used tobacco products in the previous twelve (12) months. The surcharge amount will be added to the Enrolled Member's base monthly Premium. Any Enrolled Member who fails to answer any designated question(s) relating to the surcharge during Open Enrollment will automatically be charged a surcharge for the

remainder of the Plan Year, unless the tobacco user successfully completes a tobacco cessation program, or other similar program, specifically designated by the SHBP.

2. **Spousal Surcharge.** An Enrolled Member may be charged a spousal surcharge in an amount approved by the Board if the Enrolled Member elects to cover his or her Spouse and the Spouse is eligible for health benefits through his or her employer but opts not to take those benefits. Notwithstanding the foregoing, if the Spouse is already eligible for Coverage with the SHBP through his or her employment, and the Spouse answered the surcharge question(s) on-line, the SHBP will not add the surcharge to the Premium amount. Any Enrolled Member who fails to answer any designated question(s) relating to the surcharge during Open Enrollment will automatically be charged the surcharge for the remainder of the Plan Year.

(d) **Establish Employer Rates.** The Board shall establish by Resolution, subject to the Governor's approval, Employer Contribution Rates. These rates may be a dollar amount for each Member, a dollar amount for each Enrolled Member, a percentage of Member salary or any other method permitted by law. If the rates are expressed as a percentage of Member salary, the requirements of (3) and (4) below apply. The Commissioner is authorized to establish necessary procedures to facilitate the receipt of Employer Contributions on a timely and accurate basis.

1. The Employer Contribution Rate for Teachers who retired prior to January 1, 1979 ~~shall~~ may be a dollar amount as identified in the Appropriations Act.

2. The State Department of Education Employer Contribution Rate for the Public School Employee Health Insurance Fund ~~shall~~ may be a dollar amount as identified in the Appropriations Act.

3. The local school system Employer Contribution Rate for the Public School Employee Health Insurance Fund ~~shall~~ may be a dollar amount per Enrolled Member and shall be remitted to the Administrator on a monthly basis. The Employer's Contribution amount shall be due to the Administrator on the first of the month coincident with the Employees' monthly Premium amounts. ~~The Commissioner is authorized to establish necessary procedures to implement the receipt of the Employer Contribution on a timely and accurate basis.~~

4. The Employer Contribution Rate for the Teachers Health Insurance Fund may ~~shall~~ be a percentage of the salary approved by the State Board of Education under the Quality Basic Education Act for persons holding "Certificated Positions" or in a "Certificated Capacity". If it is expressed as a percentage of salary, t~~T~~he monthly Employer Contribution shall be a percentage of state based salaries. County or district libraries shall pay as the Employer Contribution the Board approved percentage of total salaries, exclusive of per diem and casual labor, which is defined as part-time Employees who work less than seventeen and a half (17 ½) hours per week. The Employer's contribution amount shall be due to the Administrator on the date coincident with the Employees' monthly Premium amounts. ~~The Commissioner is authorized to establish necessary procedures to implement the receipt of the Employer Contribution on a timely and accurate basis.~~

5. The Employer Contribution Rate for the State Employees Health Insurance Fund ~~shall~~ may be a percentage of the total salaries of all Members. Total salaries include temporary salaries, overtime pay, terminal leave pay, and all types of supplemental pay. If it is expressed as a percentage of salary, the ~~The~~ monthly Employer Contribution shall

be based on salaries for the previous month and shall be due on the date coincident with the Employees' monthly Premium amounts. ~~The Commissioner is authorized to establish necessary procedures to facilitate the receipt of the Employer Contribution on a timely and accurate basis.~~

(e) **Approve Contracts.** The Board is authorized to approve contracts for insurance, reinsurance, health services, and administrative services for the operation of the Plan. ~~The Board shall also approve contracts to include HMOs and Consumer Driven Health Plans ("CDHP") as an alternative to Regular Insurance and~~ The Board is authorized to approve contracts as authorized by law with governments, authorities, or other organizations for inclusion in the Plan.

1. **Insurance.** The Board may execute a contract or contracts to provide the Benefits under the Plan. Such contract or contracts may be executed with one or more corporations licensed to transact accident and health insurance business in Georgia. The Board shall invite proposals from qualified insurers who, in the opinion of the Board, would desire to accept any part of the health benefit Coverage. Any contracts that the Board executes with insurers shall require compliance with O.C.G.A. § 10-1-393 (b)(30.1) relating to certain unfair practices in consumer transactions. The Board may reinsure portions of a contract for the Plan. At the end of any contract year, the Board may discontinue any contract or contracts it has executed with any corporation or corporations and substitute a contract or contracts with any other corporation or corporations licensed to transact accident and health insurance business in Georgia.

2. **Self Insurance.** The Board in its discretion may establish a self-insured Plan in whole or in part. The contract for Administrative Services in connection with a self-insured health benefit plan may be executed with an insurer authorized to transact accident and sickness insurance in Georgia; with a hospital service nonprofit corporation, nonprofit medical service corporation, or health care corporation; with a professional claim Administrator authorized or licensed to transact business in Georgia; or with an independent adjusting firm with Employees who are licensed as independent adjusters pursuant to Article 2 of Chapter 23 of Title 33.

3. **Local Governments.** The Board is authorized to contract with the various counties of Georgia, the County Officers Association of Georgia, the Georgia Cooperative Services for the Blind, public and private nonprofit sheltered employment centers which contract with or employ persons within the Division of Rehabilitation Services and the Division of Mental Health and Mental Retardation of the Department of Human Resources; and to contract with the Georgia Development Authority, the Georgia Agrirama Development Authority, the Peace Officer's Annuity and Benefit Fund, the Georgia Firefighters' Pension Fund, the Sheriffs' Retirement Fund of Georgia, the Georgia Housing and Financing Authority, the Georgia-Federal State Inspection Service for the inclusion of eligible Members, retiring Enrolled Members and Dependents in the SHBP. The Board is further authorized to include the Georgia-Federal State Inspection Service Employees who retired under the Employees' Retirement System of Georgia on or before July 1, 2000. Each Contract Employer shall deduct from the Enrolled Members salary the Member's cost of Coverage. In the case of the Georgia Development Authority, the Peace~~h~~ Officers' Annuity and Benefit Fund, the Georgia Firefighters' Pension Fund, the Sheriffs' Retirement Fund of Georgia, the Georgia Housing Authority, and the Georgia Agrirama Development Authority, the Retiree's cost of Coverage shall be deducted from the Retired Enrolled Member's annuity payment. In addition, each Contract Employer shall make the Employer Contribution required for

inclusion in the Plan and remit such payments in accordance with procedures as the Administrator may require.

4. **Consumer Driven Health Plans (CDHPs).** The Board may contract with any CDHP qualified and licensed to conduct business in Georgia pursuant to Chapter 21 of Title 33 of the Official Code of Georgia Annotated.

5. **Other Organizations.** The Board is authorized to contract with other organizations, including any public or nonprofit critical access hospital, and any federally qualified health center as defined in 42 U.S.C.A. 1395x(aa)(4), that meets such requirements as the Administrator may establish for the inclusion of eligible Members and Dependents in the SHBP. Each Contract Employer shall deduct from the Enrolled Member's salary the Member's share of the cost of Coverage. Each Employer shall remit the total Premium amount as established by the Administrator for inclusion of its Members in the Plan and in accordance with such procedures as the Administrator may require.

(i) **Coverage Termination for Failure to Remit Premiums.** Upon providing written notice, the Commissioner may terminate Coverage for any Group that either contracts for SHBP Coverage or is designated by applicable state law as eligible for such Coverage for failure to remit either Employee or Employer Contributions.

(ii) **Reinstatement of Coverage.** Upon remittance of the required contributions from any Group that either contracts for SHBP Coverage or is designated by applicable state law as eligible for such Coverage, the SHBP may reinstate Coverage that has been terminated previously for failure to remit Premiums.

(iii) **Bond.** The Board may require that specified Groups provide a bond to ensure payment performance before allowing SHBP Coverage.

6. **Health Maintenance Organizations (HMOs).** The Board may contract with any HMO qualified and licensed to conduct business in Georgia pursuant to Chapter 21 of Title 33, relating to Health Maintenance Organizations.

7. **Local School Systems.** When a school system has elected not to participate in the SHBP for Public School Employees, the Employees may petition the local school system to contract with the Board for an Employee-Pay-Group. The local system may contract with the Board after agreeing to:

(i) Collect the Enrolled Member Premium amounts for the Rates established by the Board; and

(ii) Enroll and maintain enrollment at 75% of the eligible Public School Employees as defined in these regulations.

(2) **Functions, Duties and Responsibilities of the Commissioner.** The Commissioner is the chief administrative officer of the Department of Community Health. The Commissioner and Administrator as used in these regulations are synonymous. The Commissioner shall employ such personnel as may be needed to administer the SHBP, to appoint and prescribe the duties of positions, all positions of which shall be included in the classified service except as otherwise provided in the law, and may delegate administrative functions and duties at the Commissioner's discretion.

(a) **Administer Regulations and Policies.** The Commissioner shall administer the SHBP consistent with applicable law, Board regulation and policy.

(b) **Custodian of Funds.** The Commissioner shall be the custodian of the health benefit Funds and shall be responsible under a properly approved bond for all monies coming into said Funds and paid out of said Funds.

1. All amounts contributed to the Funds by the Member and the Employers and all other income from any source shall be credited to and constitute a part of such trust Funds. Any amounts remaining in such Fund(s) after all expenses have been paid shall be retained in such Fund(s) as a special reserve for adverse fluctuation.

2. The Commissioner shall establish accounting procedures for maintaining trust Funds for the Premium income, interest earned on the income and expenses and benefits paid. Any amounts remaining in each trust Fund after all expenses have been paid shall be retained wholly for the benefit of the members who are eligible and who continue to participate in each health insurance trust.

3. The Commissioner shall submit to the Director of the Office of Treasury and Fiscal Services any amounts available for investment, an estimate of the date such Funds shall no longer be available for investment, and when Funds are to be withdrawn. The director of the Office of Treasury and Fiscal Services shall deposit the Funds in a trust account for credit only to the Plan and shall invest the Funds subject only to the terms, conditions, limitations and restrictions imposed by the laws of Georgia upon domestic life insurance companies.

4. The Commissioner may administratively discharge a debt or obligation not greater than $400.00 due the Health Insurance Fund or Funds.

(c) **Regulations.** The Commissioner shall recommend to the Board amendments to the regulations, submit the approved regulations to appropriate filing entities, cause all regulations to be published and provide a copy to the Employing Entities.

(d) **Elicit and Evaluate Proposals from Health Care Contractors and/or Administrators.** As required for the appropriate administration of the Plan, the Commissioner shall cause to be prepared requests for proposals for selection of health care contractors, vendors, or administrators. Upon receipt of the proposals, the Commissioner shall secure an evaluation of the proposals and submit recommendations for the selection of health care contractors, vendors, or administrators to the Board for approval.

(e) **Calculate Employer Contribution Rates.** The Commissioner shall cause to be calculated ~~an average~~ Employer Contribution Rates ~~for each Tier non-Medicare Advantage Enrolled Members based on the method~~ expressed in the manner specified in Section 111-4-1-.02(d)(1)-(5) of these regulations. These Employer Contribution Rates shall be calculated and presented to the board by such time as is required for the Commissioner to meet the notification deadline set forth in (h) below. ~~The Commissioner shall present the Employer HMO Contribution Rates at least sixty (60) days before the beginning of the State of Georgia's Fiscal Year and the Enrolled Member Deduction/Reduction amounts for each Option and Tier to the Board for adoption at least ninety (90) days before the beginning of the SHBP plan year.~~

(f) **Premium Payments to a Contractor.** The Commissioner shall cause to be calculated the Premium amounts due to ~~each HMO and to~~ any underwriter of insurance or re-insurance and remit payments from the appropriate trust Funds for Member Coverage.

(g) **Develop and Publish Plan Document.** The Commissioner shall cause to be developed a Summary Plan Description (SPD) or Certificate of Coverage which incorporates the approved schedule of Benefits, eligibility requirements, Termination of Coverage provisions, Extended Coverage provisions, to whom benefits will be payable, to whom claims should be submitted, and other administrative requirements. The Commissioner or designee shall cause a pre-determined percentage of the SPD's to be printed and distributed to each local and state Employer for distribution to Enrolled Members. The Commissioner or designee shall cause to distribute the SPD to Retired Enrolled Members and Extended Beneficiaries at their last known address.

(h) **Provide Notice of Employer Contribution.** The Commissioner shall provide notice and certification of the required Employer Contribution Rate to each of the Employing Entities and the Department of Education no less than thirty (30) days prior to the commencement of the plan year. ~~on or before June 1 of each year, if the Rate for the ensuing fiscal year is to be modified.~~ The Commissioner shall notify the Employing Entities before the Rate is effective of any Rate change which may be required at times other than the beginning of a fiscal year.

(i) **Provide Notice of Eligibility.** The Commissioner shall develop procedures for notifying Extended Beneficiaries of the Extended Coverage provisions of Section 111-4-1-.08 of these regulations upon notification by the Employing Entity of the Enrolled Member's employment termination, death, or reduced hours or upon notification by the Member of divorce, legal separation, or child no longer meeting the definition of Dependent.

(j) **Provide Certification of Creditable Coverage.** The Administrator shall establish procedures for providing a Certificate of Creditable Coverage to each Enrolled Member in compliance with federal law. In general, this Certificate of Creditable Coverage must be provided at the time Coverage cancels or upon request of the Member or Covered Dependent and for a period of twenty-four (24) months after coverage cancellation. The Member may use the certification to limit a subsequent plan's imposition of a Pre-existing Condition limitation or exclusion period. ~~Coverage cancellation may be the result of termination of Coverage through Employee Deduction/Reduction, termination of Coverage at the end of an Approved Leave of Absence Without Pay, or termination of Coverage at the end of the COBRA Extended Coverage period.~~

(k) **Correction for Administrative Error.** An administrative error is defined as any clerical error in submitting pertinent records or a delay in making any changes by the Employing Entity or Administrator that affects the Coverage for a Member or Dependent who has followed all established procedures and met the time deadlines regarding enrollment or maintenance of Coverage. If the error has placed the Member or Dependent at a substantial financial risk or risk of loss of Coverage, the facts shall be reviewed and corrective action taken. If the Administrator concludes that the Member or Dependent was substantially harmed, the Member or Dependent shall be restored to the former position or shall be granted the request in whole or in part. Any determination of an administrative error shall be left to the discretion of the Administrator and is not subject to challenge.

(3) **Duties and Responsibilities of Employing Entity.** Each Employing Entity is responsible for complying with these regulations. Statements made by the staff of the Employing Entities or any third party representing the Employing Entity, that are in conflict with these regulations, the Schedule of Benefits, Decision Guide, or the

Summary Plan Description (SPD) shall not be binding on the Administrator. Failure of the Employing Entities to fulfill the duties and responsibilities listed in these regulations does not negate the time requirements specified throughout these regulations.

(a) **Enroll Eligible Employees.** Each Employing Entity shall determine which of its employees meet the eligibility requirements of the SHBP. Each Employing Entity shall instruct and assist all persons who become eligible to become Enrolled Members under these regulations how to complete the SHBP enrollment or declination process. The Employing Entity shall require each eligible new Member to complete, within thirty-one (31) calendar days of reporting to work, a form for enrolling or declining SHBP Coverage. The Employing Entity shall be responsible for collecting any Premiums due for the selected Coverage. Any penalties or claim expenses resulting from the Employing Entity's enrollment of an ineligible Member, or from the Employing Entity's failure to provide enrollment information to an eligible Member, shall be assessed against the Employing Entity.

(b) **Deduct Enrolled Member Premium Amounts.** The Employing Entity shall withhold the Enrolled Member Premium amount as approved by the Board, or the Premium amount authorized by the applicable Georgia Code sections, from earned compensation as the Enrolled Member's share of the cost of Coverage under the Plan. Any retirement system under which retired or retiring Enrolled Members may continue Coverage under the SHBP as an Annuitant shall withhold the Premium amount as approved by the Board from the annuity as the Enrolled Member's share of the cost of Coverage under the Plan.

(c) **Remit Employee and Employer Amounts.** The Employing Entity or retirement system shall reconcile their Enrolled Member's SHBP Coverage records to their payroll records in the manner prescribed by the Administrator. Each Employing Entity and retirement system shall remit within five (5) working days following the effective date of Coverage, an amount equal to the full, face amount of the Premium due for the period coincident with the Enrolled Member's SHBP Coverage, as reflected on the SHBP monthly billing statement. Each Employer is responsible for reconciling the Premium payments and the monthly billing invoice to make any and all corrections to the records prior to the Coverage effective date. This reconciliation is to be done within thirty (30) days of issue of the billing invoice. Each Employing Entity, except for a retirement system, shall remit the Employer Contribution amount to the Administrator for the period coincident with the Enrolled Member's Coverage month within five (5) working days of the due date.

1. The Employing Entity shall calculate and remit the appropriate Employer Contribution including administrative fees, for those Members who elect to enroll or continue Coverage during an approved family medical or Approved Leave of Absence Without Pay.

(d) **Provide ~~Employee~~ Enrollment Information to Eligible Members~~the Administrator~~.** Each Employing Entity shall make available to eligible Members all educational and benefit enrollment information necessary for the eligible Members to make ~~an~~ informed health benefit plan decisions.

(e) **Provide Plan Materials to Each Eligible Member.** Each Employing Entity shall distribute the Summary Plan Description and enrollment information to each eligible Member. Each Employing Entity shall make every effort to distribute other SHBP

materials, including Open or Special Enrollment information, and information about the web site, to Members at the request of the Administrator. When appropriate, each Employing Entity shall hold group meetings to explain a specific aspect of the SHBP to Members.

(f) **Administer Leave Without Pay Provisions.** Each Employing Entity shall administer Approved Leave of Absence Without Pay, Military Leave, and ~~and~~ Family and Medical Leave Act Programs in compliance with the federal laws and shall provide information regarding the conditions for continuing Coverage under the SHBP to eligible Enrolled Members. Each Employing Entity shall also provide continuation of Coverage enrollment information to Members. Each Employing Entity shall insure Members on Approved Leave of Absence Without Pay are properly notified of the annual Open Enrollment period and afforded the opportunity to enroll or change Coverage. Each Employing Entity shall maintain procedures to ensure that Member Premiums are collected during these leave periods. If a Member fails to timely pay a Premium during the leave period, that failure causes a loss of eligibility for coverage unless federal law requires otherwise.

(g) **Provide Member Loss of Eligibility Information to the Administrator.** Each Employing Entity shall report to the Administrator the last date employed/eligible and the reason for the loss of employment/eligibility no later than thirty (30) days following the event leading to loss of eligibility to participate in the Plan. ~~through payroll Deduction/Reduction.~~ The reasons for loss of eligibility shall be limited to: failure of a Member to pay a required Premium during an approved leave of absence (unless federal law requires continuing coverage), resignation, transfer, retirement, termination of employment for gross misconduct, separation from employment for reasons other than gross misconduct, reduced employment hours that affect Coverage eligibility, lay-off, leave of absence without pay, discontinuation, and death. Any claim expenses borne by the SHBP, and any penalties assessed upon the Administrator as a result of the Employing Entity's failure to timely notify the Administrator of a Member's loss of eligibility ~~for failure to comply with notification requirements of COBRA as a result of the Employing Entity's failure to notify the Administrator~~ shall be billed to the respective Employing Entity. The Employing Entity shall reimburse the Administrator in full for claim liability and expenditures incurred by the Plan as a result of the Employing Entity's failure to comply with notification requirements.

(h) **Protect the Privacy of Enrollment Information.** The SHBP only shares enrollment information with designated employees of the Employing Entity who help with Plan enrollment. Each Employing Entity shall ensure that the SHBP is promptly notified whenever such an employee is no longer permitted to review and share enrollment information about Members with the SHBP. The Employing Entity shall ensure that designated employees are properly trained to protect the privacy and security of the enrollment information. The Employing Entity shall never use enrollment information for any purpose other than helping with enrollment in the Plan.

Authority: O.C.G.A. §§ 20-2-55, 20-2-881, 20-2-883 to 20-2-885, 20-2-891 to 20-2-896, 20-2-911 to 20-2-916, 20-2-918 to 20-2-922, 20-2-924, 31-5A, 45-18-1 et seq., Health Insurance Portability and Accountability Act (HIPAA), Consolidated Omnibus Budget Reconciliation Act (COBRA), Family Medical Leave Act(FMLA).